

DELEGATION OF AUTHORITY TO CONSENT TO IMMUNIZATION
(For use by Parent)

I, _____, am the parent or legal guardian of
_____, child _____ years/months old. I delegate to
_____, a person 18 years of age or older, the authority to
consent to the immunization of my child.

(Signature)

(Printed Name)

(Address)

(Address)

(Phone Number)

(Date)

